Accreditation: Evil Eye or Helping Hand?

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Summary

Accreditation of medical specialist training is common practice worldwide with significant impacts on accredited training providers. While it is a generally accepted practice by numerous stakeholders, empirical evidence in the literature for its design and effectiveness is limited. This thesis explores the underlying mechanisms and perspectives of accreditation with an aim to better understand the design principles and how they are applied in different contexts. It develops an internationally applicable framework for discussion and review of accreditation models. This thesis reports on research projects conducted between 2014 and 2017.

Chapter 1 provides background information about accreditation of medical specialist training and the conceptual framework used in this thesis. The conceptual framework used is based on approaches used in normative legal theory and quality management principles. Normative legal theory is concerned with determining what is right and wrong. Three major approaches explored are:

1. **Deontology**: Distinguishes right from wrong by rules. Following the rules is the right action.
2. **Utilitarianism**: The consequences or outcomes of the action determine if the action is right regardless of the rules.
3. **Virtue ethics**: In the utilitarian perspective the consequences or outcomes of the action determine if the action is right regardless of the rules. In virtue ethics the principle of the virtuous moral character is centralized, which means that a virtuous human being will act in the right way, because it is the right thing to do regardless of the rules or outcomes.

Parallels can be drawn between normative legal theory and quality management principles: quality assurance, quality control and quality improvement:

1. **Quality assurance**: Is compliance-based and resembles deontology, in that following the standards is sufficient to assure quality.
2. **Quality control**: is outcome-focused and moving more towards a utilitarian approach.
3. **Quality improvement**: Reflects virtue ethics, since it is striving for improvement and excellence in which the cooperation of the profession is crucial. The ultimate version of quality management according to virtue ethics places the responsibility for maintaining quality with the profession, because they are motivated to do the right thing, reducing the responsibility of the accrediting authority.

The accreditation literature includes some descriptive comparisons of international models. However, there are limited studies that consider the effects of accreditation model design. Furthermore, evidence demonstrating improvements in educational quality attributed to accreditation is not well established. There is an imperative to gain a better understanding of accreditation design and its impacts. The aim of this thesis is to provide a better understanding of accreditation of medical specialist training and its underlying perspectives and mechanisms.

Chapter 2 outlines a framework for considering accreditation design developed through an analysis of the Dutch accreditation system over time. In this study we searched for the changing views on educational quality and quality management in the Dutch accreditation system for medical specialist training. A document analysis was conducted over the past 50 years and included a vision document for the future accreditation system using a template analysis technique. The template helped to develop a framework for describing accreditation design.

Four major themes were identified: (1) objectives of accreditation, (2) postgraduate medical education (PGME) quality domains, (3) quality management approaches and (4) actors' responsibilities. In the past 50 years there has been a rise in decentralization of accreditation and a strong movement towards quality improvement and a focus on outcomes. There was also a notable increase in the number of standards and formal documents, which has led to more bureaucracy. In all these shifting perspectives on education quality and quality management the challenge for accreditors remain the same: finding the right balance between trusting and controlling the medical profession. The choices made about the level of trust will be reflected in the accreditation design. The four themes described in the framework could encourage well-considered choices in the design of accreditation systems.

Chapter 3 describes the increase internationally in continuous quality improvement (CQI) in accreditation systems. This chapter aims to evaluate the pros and cons of continuous quality improvement in accreditation across the medical education continuum. Three systems were explored that have traditionally been accredited based on episodic evaluation by external reviewers. For this study a naturalistic utility focused evaluation was performed using seven criteria relevant to government oversight compiled by the Netherlands Scientific Council for Government Policy (in Dutch: Wetenschappelijk Raad voor het Regeringsbeleid, WRR). The seven criteria for oversight are: (1) serve the public interest; (2) evaluate the benefits; (3) examine the governance structure; (4) enhance reflection; (5) maintain impartiality and independence; (6) be publicly accountable; and (7) balance expectations with capacity.

The three cases were the accreditation system for medical schools in North America, the Dutch accreditation system for medical specialist training and accreditation of continuous professional development (CPD) of medical specialists in Canada. The evaluation of pros and cons of institutional CQI in these three systems highlights the strengths and weaknesses of CQI. CQI has a potential role in serving public interests depending on the aspects reviewed, such as patient safety and quality of training and healthcare. In the three cases there was no formal cost-benefit analysis. Institutional CQI may be an advantage for the central governance structure of accreditation and also enhance reflective function by responding quickly to local events. For external reviewers it could be more challenging to respond quickly to local events or societal developments. Review processes within CQI are mostly conducted with colleagues, which may cause difficulties for impartiality and independence. Public accountability is usually not an aim within CQI and is not fulfilled in the three cases with institutional CQI. If CQI is carried out with integrity the central accreditation system may need less capacity and this way CQI could have a potential role in balancing expectations with capacity.

Understanding the strengths and weaknesses of CQI would help to reduce the complexity in decision making about whether to introduce CQI in a certain context. The results of this evaluation may contribute to finding a balance between the positive effects and potential impediments of CQI. This balance is context dependent.

Chapter 4 assesses the utility of the framework developed for accreditation design in chapter 2 by applying it to the Australian accreditation system for medical specialist training. For each theme in the framework, opportunities for improvement from an international perspective were drawn from the literature and practice. Based on our appraisal the most important opportunity for the Australian accreditation system would be to stimulate a more systematic continuous quality improvement cycle. This study showed us that systematic appraisal of accreditation, using a framework like the one developed in this thesis, as well as international exchange of best practices, may lead to globally accepted theories about accreditation. This may also contribute to the increase of empirical studies in the accreditation field.

Chapter 5 explores the alignment between clinician perspectives and the perspectives of accreditation authorities (as described in accreditation standards) on what constitutes quality of training. This is intended to help identify areas that might require further consideration in current accreditation designs.

Accreditation standards change in a less dynamic fashion than the context and perspectives of clinicians. While clinicians acknowledge the importance of accreditation standards, the information collected by accreditation authorities may not always reflect their view on what constitutes quality of training. Also, their influence on the development of standards is limited. This qualitative study was based on a case study research approach in which accreditation documents of Australia and the Netherlands were included. In addition, 29 interviews were conducted with accreditors, clinical supervisors and trainees across Australia and the Netherlands about the quality and accreditation of specialist medical training programs. A thematic analysis was conducted on the accreditation standards and interview transcripts to identify alignment or non-alignment between perspectives on what constitutes quality of training.

Most accreditation standards were aligned with professional values. Important areas of alignment were that clinicians did not dispute the utility of accreditation and that trainees were considered the best quality measure to evaluate training. The balance between training and service provision and trainee empowerment were two aspects which were not captured by accreditation standards. Clinicians perceived a lack of flexibility in application of the accreditation standards with insufficient understanding of the differences between training providers. Regarding the scope of accreditation, there was no clear agreement as to whether accreditation should be used as a driver of quality improvement or merely set requirements for a minimum quality. Clinicians believed intrinsic motivation is necessary for continuous quality improvement and quality improvement could not solely reached by reviews of an accreditation authority.

The results of this analysis, in particular the areas that are out of alignment, should help to question the nature and extent of the current accreditation design. Flexibility in accreditation standards and processes is needed to keep pace with the developments in and beyond the workplace. Empowering trainees as partners in learning and decision making about training needs to be addressed by accreditation systems. Accreditation systems could also benefit from taking account the intrinsic motivation of clinicians.

Chapter 6 describes how the framework (described in chapter 2) has been utilized to facilitate understanding and evaluation of accreditation and its design. Amendments were made to the framework to ensure its international applicability. A team consisting of accreditors from Australia, the USA, Canada and the Netherlands slightly adapted the framework to reach consensus on its applicability all over the western world, which resulted in the new framework. This framework is used to make the concept of accreditation, which is a quite complex phenomenon, accessible for relatively unexperienced users through gamification. Our aim was to use gamification to enhance

insights into relevant concepts of accreditation. In turn this may enhance the applicability and adaptability of these accreditation concepts to different international contexts and stakeholder perspectives. Gamification may help clarify concepts and enhance comprehension. It is often more effective than other approaches. In the game, participants are assigned to small groups to discuss the questions and options for accreditation design presented in the framework. The group of participants constructs their ideal accreditation system. The game was trailed in several countries and conferences, with feedback indicating the approach was well-liked and useful. This game may promote critical thinking and reflection on the complex social construct of accreditation in a new and playful way, which in turn may increase retention. Today this game is used in various countries. The accreditation game and instructions can be found on the following website: https://medischevervolgopleidingen.nl/ondersteuningsmateriaal/toezicht-spel-accreditation-game.

Chapter 7 reflects on the main findings of this thesis with the conceptual framework from chapter 1 and using governance literature. Our findings and the framework for accreditation design (chapter 2 and 6) enabled us to structure and classify accreditation and its design. The options in the framework and the use of the accreditation game made it evident that accreditation is a social construct. Our current perspective is that there is not one *truth* or one *best* system; there are many different systems which could be the best system for different groups and contexts. Discourses in healthcare and education and the needs of society at that time may play a crucial role in the development of the accreditation system design. Changing discourses and demands lead to different constructions of accreditation. Continuous quality improvement (CQI) is an example of introduction of change in systems historically based on episodic evaluation. This could be seen as a movement towards a utilitarian perspective and virtue ethics perspective. While the current accreditation standards in Australia and the Netherlands were fairly aligned with professional values, clinicians believed intrinsic motivation is necessary for continuous quality improvement, which is a desired move towards virtue ethics perspective. However, it remains challenging to move away from the deontological perspective even if the intention or desire exists and ideas to move towards a more utilitarian and virtue ethics perspective are discussed.

This thesis acknowledges that accreditation functions as both a regulatory mechanism and a quality management system. These can be seen as important aspects within governance of accreditation. Combining regulation and quality management with theory of other important aspects of governance, such as accountability and change management, might lead to insights into optimal accreditation system design. Consequently, in this chapter we deliberated broader on the topic of governance of accreditation.

Three relevant approaches within regulation are rule-based regulation, responsive regulation and principle-based regulation. Rule-based regulation is focused on compliance (deontological perspective). In responsive regulation regulators should try to understand the context and motivations of the professionals and act upon that specific contextual understanding (utilitarian perspective). In principle-based regulation the norm is formulated as guideline (virtue-ethics perspective). Quality management is dependent on the chosen regulatory mechanism.

Eventually the chosen quality management approach could be traced back to deontology, utility and virtue ethics. Whereas normative-legal perspectives are helpful in determining right from wrong; quality management in this context is about how to determine what is quality and what not. Although quality management approaches are valuable, attention should be given to the proper use of these approaches. A small number of broad standards should be set in order to determine the quality, because reviewers can only assess a limited number of standards during visits. In the framework developed, we address the importance of accountability as a choice: in case of a deontological perspective, transparency in compliance suffices; in case of a utilitarian perspective, transparency in outcomes will meet the requirements; in case of a virtue ethics perspective, accountability reports may be almost non-existing.

Research suggests that health professionals' intrinsic motivation for participation and compliance with standards is influenced by how they perceive the accreditation authority standards and actions. Other factors influencing participation are a desire to improve education or care; professional autonomy in reaching targets; professional pride maintenance; peer pressure and financial incentives. Incorporating change management theory on forehand in the accreditation design might result in the desired *right* behavior of healthcare professionals.

All together the use of qualitative methods for this thesis enriched the conceptual picture of accreditation for medical specialist training and accreditation more broadly in the international literature. Our framework allows accreditors to reflect on their accreditation system in a structured way and it provides a systematic tool for accreditors to discuss accreditation systems internationally. Further research may aim for value-based accreditation systems. Accreditation has proven to be a highly complex concept related to regulation and governance. Study of the design of accreditation systems revealed it is a social construct. Different aims, contexts and cultures will probably benefit from different accreditation systems.

In the context of medical culture, quantitative evidence is highly valued. For further research effect measurement seems interesting. Effect measurement should be able to directly attribute the cause of change to accreditation and take context into account, so the data is generalizable. The challenge however is to make this data meaningful for it to contribute to the understanding and improvement of accreditation, quality of training and quality of healthcare.